SUPPLEMENT
TO THE
BRITISH MEDICAL JOURNAL.

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British Medical Association.

CURRENT NOTES.

Conference of Representatives of Voluntary Hospital Staffs in Scotland.

THE Hospitals Subcommittee of the Scottish Committee has convened a conference of staffs of voluntary hospitals to be held in the offices at 6, Rutland Square, Edinburgh, on Saturday, February 5th, at 2.30 p.m., to consider the present financial position of voluntary hospitals.

Proposed Central Professional Committee.

It will be remembered that when, on November 1st, 1920, a deputation of the British Medical Association waited upon the Minister of Health in regard to certain clauses in his Miscellaneous Provisions Bill and the Municipal Hospital at Bradford, he declared that he would not consult half a dozen different bodies each claiming to represent the profession, and invited the Association to take action to provide some body which he would be justified in considering representative of all sections. Dr. Addison followed this up by a letter, dated November 26th, to the Chairman of Council, in which he said:

"The difficulty is how to secure the appointment of a body which will be recognized not only by practitioners of all classes but by the various existing organizations as expressing the views of all sections of the profession. It is, of course, not for me to make any suggestions as to how such a body might be, or ought to be, constituted. But I am satisfied that it will be impossible to secure the constitution of a representative body without the good offices of the British Medical Association in bringing them together, and if your Council have not already done so, I would suggest that you should now initiate action to secure the appointment of a body whose credentials will be incontestable."

Since that time the Council has given very careful consideration to the matter, the details of which will probably be reported later; but it will interest members of the profession to know now that the Council at its last meeting resolved to invite those bodies with which the British Medical Association has been accustomed to work to assist it in establishing a joint representative committee, and it has asked the Society of Medical Officers of Health, the Medical Women's Federation, the Poor Law Medical Officers' Association of England and Wales, the Medico-Psychological Association, and the Association of Certifying Factory Surgeons if they are willing to co-operate with the Association in forming a body which could be suggested to the Minister of Health as providing him with the representative medical body which he has asked for. This is a preliminary step, and it must be understood that the above list is not necessarily final or complete. It is particularly hoped that the co-operation of the Royal Colleges may be secured when the project is a little more mature, and it is proposed that such a joint representative medical committee, if established, should be empowered to confer, before making representations to the Ministry of Health on behalf of the profession on any matter, with any other medical society not represented on the committee.

Home Office Regulations as to Dangerous Drugs.

As stated in the JOURNAL of January 15th, page 96, the Home Office has issued draft Regulations of a very drastic nature in regard to the prescribing and dispensing of medicinal opium, morphine, cocaine, ecgonine, and diamorphine. These regulations are issued under the Dangerous Drugs Act, and forty days must elapse between the issue of the draft regulations and their becoming operative. The Medico-Political Committee has already made a protest to the Home Office on general grounds, and is considering detailed representations with a view to modification of the regulations. These regulations, which will affect the daily life of every practising doctor, have been issued without any attempt to consult the British Medical Association as representing the organized profession. It is understood that the Pharmaceutical Society also was not consulted and is making strong representations as to the impracticability of the regulations.

Fees for Treatment of School Children in Scotland.

Attention was called to this matter in "Current Notes" on December 4th, 1920, and the situation which had arisen in Renfrewshire was explained. The local education authority had offered a fee of 15s. an hour for clinic work, and the practitioners in Port Glasgow had refused this and asked the support of the British Medical Association. The matter was taken up by the Division Secretary and the Scottish Medical Secretary, with the result that an offer of £1 1s. an hour has now been made.

Poor Law Hospitals and Civil Needs.

The Hospitals Committee has given very careful consideration to the question of the utilization of Poor Law hospitals for civil needs, and has passed the following resolutions, which will be submitted to the Council at its meeting on February 15th:

1. That in those infirmaries where there is spare accommodation and when the needs of the Poor Law patients have been met, it would be desirable that certain beds should be set aside for private patients paying a fee to be settled by the guardians, and that where a general practitioner wishes to continue to treat therein patients of his own, he should be allowed to do so under the general administrative supervision of the medical superintendent, and that any of these patients should be allowed to call in a consultant from outside, the patient bearing the cost thereof.
2. That for "paying" patients admitted to infirmaries there should be an inclusive charge—to cover the cost of medical supervision, maintenance, nursing, food, and medicines within the ordinary tariff and pharmacopoeia

of the infirmary, the patient paying his medical attendant independently.

3. That any extra nursing and any food or medicine ordered over and above those allowed under the ordinary tariff and pharmacopoeia of the infirmaries should be charged as extras to the patient.
4. That all medical attendance by private practitioners on "paying" patients in infirmaries should be under the supervision of the medical superintendent of the infirmary.
5. That infirmaries, so far as practicable, should be utilized for medical education.

These resolutions were submitted by Dr. E. W. G. Masterman to a meeting of the Infirmary Medical Superintendents' Society, who passed the following resolutions in connexion therewith:

(1) That when in any infirmary there are beds to spare, after the needs of the poor in the district are met, it is desirable that accommodation should be provided for private patients, who would pay a fixed sum covering their expenses.
(2) That if, and only if, separate wards can be provided for their accommodation, such patients should, if they desire, continue under the treatment of their own medical attendants while in the infirmary, subject to the general administrative supervision of the medical superintendent, and also, if they so desire, call in other consultants' advice at their own expense.

Meetings of Branches and Divisions.

METROPOLITAN COUNTIES BRANCH: HARROW DIVISION.

THE Division recently held three meetings to discuss the new record card for insured patients. These were held on January 4th, 14th, and 21st.

At the first meeting two resolutions were passed, after prolonged discussion. The first called attention to the objections to these records, outlined under five heads. The second had reference to the attitude of the Council in the matter, which was severely criticized, and to the correspondence of the Medical Secretary in the *Times*. The latter also was commented on very adversely.

On January 14th, as a result of these resolutions, the Division met again, to hear Dr. R. A. Bolam, Dr. Brackenbury, and Dr. Cox, who attended to put the case for the Association before the Division. The speeches of these visitors were of great assistance, and much information about the records and the press controversy regarding them was made available to the members. This meeting was adjourned to January 21st, as much remained for discussion, but before the adjournment a vote of confidence in the Medical Secretary was carried unanimously.

On January 21st another crowded meeting assembled, and many interesting speeches were made. A noticeable feature of several of these were the strong appeals for greater membership of the Association and for unanimity among the profession generally. As a result the following voting took place on these motions:

1. That the resolution embodying the Division's objections to the records be rescinded.

For, 8. Against, 7.

Many members refrained from voting, and it was agreed that the records should be discussed again in six months' time—after a trial of them had been made—the result to be reported to the Insurance Acts Committee.

2. That the resolution criticizing the action of the British Medical Association Council be rescinded.

For, 9. Against, 5.

Again a number of members did not vote.

The Division expressed its thanks to Drs. Bolam, Brackenbury, and Cox for having attended the meeting on January 14th.

METROPOLITAN COUNTIES BRANCH: WEST HERTFORDSHIRE DIVISION.

AT a meeting of the Watford Ward of the West Hertfordshire Division, held on January 7th, the following resolution was unanimously adopted:

That this meeting of panel practitioners protests—

1. That the new medical record cards were not submitted, previous to their issue, either to the Divisions of the British Medical Association or to the Panel Committees for an opinion from those who had to use them as to their feasibility and usefulness.
2. That this meeting is of opinion (*a*) that it is a waste of practitioners' time to verify and supply particulars of a clerical nature, and that generally the time required for this work will be more than can be given by panel practitioners, except to the prejudice of their real work; (*b*) that in the winter and times of stress it will be impossible to keep accurately the records as at present required, and therefore their value for statistical purposes will be destroyed; (*c*) that the record card should be kept by the insured person, the necessary particulars being entered by the doctor when giving attendance; (*d*) that panel practitioners should only be asked to supply the information required under Clinical Notes and Diagnosis.

LANCASHIRE AND CHESHIRE BRANCH: ST. HELENS DIVISION.

Visit of the Medical Secretary.

A MEETING of this Division was held on January 21st in the Board Room of the Providence Hospital, a large attendance of members and others being present to hear Dr. Cox, who was ably supported by Dr. Garstang, Chairman of Representative Meetings. Both were accorded a hearty welcome.

Dr. Cox gave a practical address on the history and working of the Association, pointing out that the interest of every class of practitioner was catered for by the Association. He showed the advantages to all classes—consultants, general practitioners, those in the public health and other institutional services, and to the men serving in the navy and army. The audience was much interested and the address not unprofitable; the Divisional Secretary being later in a position to report the acquisition of four new members, and the reclamation of other two former members who had resigned.

An animated discussion followed, during which many questions were asked and criticisms offered, to which Dr. Cox replied.

Dr. GARSTANG also spoke and gave a lucid and interesting account of the administrative machinery of the British Medical Association and its committees. He impressed upon his hearers how greatly the Association was dependent upon the Branches, Divisions, and especially the members, for the proper and efficient working of that body, and how deeply their individual and collective responsibility was concerned. The meeting was unanimous in its expression of appreciation of the work of the Association, and the visit of the Medical Secretary has aroused in the Division a keener interest in the British Medical Association and its work.

SOUTHERN BRANCH: PORTSMOUTH DIVISION.

A WELL attended meeting was held on January 11th at Portsmouth, to which all medical practitioners resident in Portsmouth were invited, to discuss the attitude of the profession to the new panel record cards. After considerable discussion the following resolution was, on the motion of Dr. J. G. BLACKMAN, seconded by Dr. A. V. MAYBURY, jun., carried unanimously:

This meeting is of opinion that the present record cards are for the most part valueless, that they occupy valuable time which would be better devoted to the treatment of the sick, and moreover they violate the confidence which should exist between doctor and patient. That this resolution be sent to the Ministry of Health, local members of Parliament, and the press, and to the Friendly Societies Council.

The following motion, proposed by Dr. MCASKIE and seconded by Dr. NEWTON, was, after discussion, carried by a large majority:

That the record cards be kept (according to regulation), and only handed over under protest until secrecy is assured.

The question of whether the record cards would be available for use in legal cases was also raised.

On the motion of Dr. SHEAHAN, seconded by Dr. BLACKMAN, it was unanimously resolved:

That the Insurance Acts Committee in not offering the most strenuous opposition to the new system of record keeping has forfeited the confidence of practitioners working under the National Health Insurance Acts.

Association Notices.

MEETING OF COUNCIL.

THE next meeting of Council will be held on Wednesday, February 16th, in the Council Room, 429, Strand, London, W.C.2, at 10 a.m.

CHANGE OF AREAS.

Areas of Edinburgh and Leith, and Lothians, Divisions.

NOTICE is hereby given by the Council to all concerned that, as the result of a proposal to that effect by the Edinburgh and Leith Division, the Council has decided that as from January 29th, 1921, the following places (having been merged by the Edinburgh Boundaries Extension Act, 1920, in the City of Edinburgh)—namely, Colinton, Corstorphine, Cramond, Juniper Green, and Liberton—be transferred from the area of the Lothians Division to that of the Edinburgh and Leith Division.

BRANCH AND DIVISION MEETINGS TO BE HELD.

METROPOLITAN COUNTIES BRANCH: CAMBERWELL DIVISION.—A meeting of the Camberwell Division will be held on Wednesday, March 2nd, when Dr. Hector Cameron, of Guy's Hospital, will give an address on Children.

METROPOLITAN COUNTIES BRANCH: EAST HERTFORDSHIRE DIVISION.—A meeting of this Division will be held at the Hertford County Hospital on Wednesday, February 2nd, at 2.30 p.m. A lecture will be delivered by Dr. John Freeman (London) on asthma from the immunological point of view, at 3 p.m. Each member is asked to invite one non-member.

INSURANCE.

CORRESPONDENCE.

Record Cards.

SIR,—The flutter that the record cards have caused is somewhat amusing, but reveals a state of mind in our profession which is not logical. When the insured population and the profession accepted the Insurance Act both ought to have recognized the enormous interference with their personal liberties which would result therefrom.

As to the vast proportion of the insured, I do not think they can grumble at the details of their illnesses being recorded or becoming public property. It is a part of the price which they pay in return for medical and sickness benefit at the partial expense of the non-insured. They are State patients in the same sense as those in receipt of poor relief, the only difference being one of degree.

As to the profession, it is a pity that those of us who foresaw the probable developments were not listened to. Personally I have always hated the Act, have considered it destructive of the best characteristics of an Englishman, have felt that it would do nothing to advance the status of British medicine, and have thoroughly disliked the bureaucratic control which I saw was inevitable; but having been forced to accept service under it I am not going to blame the Act nor break the contract into which I have entered. The great mistake we have always made is in haggling over an odd sixpence rather than concentrating over conditions of service. As to the keeping of the records (although during a busy time it will be impossible) I shall do my best, but part of that best will be towards camouflaging (under symbols which can only be interpreted by myself) any symptom or condition which might be detrimental to my patient.

I must not omit to mention that the record cards have proved valuable to me in one particular. As I see each patient I refer to my batch of cards, and I am surprised to find what a number of patients I have been treating for whom no record card has been provided. On writing to the clerk of the Insurance Committee the answer I have had is, "No evidence of insurance." On further inquiry, I find the fault lies with the local secretaries of benefit societies. I hope, therefore, one good result of the issue of the record cards will be to have my list of patients brought up to date so that I may receive the remuneration to which I am entitled.—I am, etc.,

Plymstock, Jan. 22nd. S. NOY SCOTT.

SIR,—A large medical fund that has several thousand insured members, attended by several medical men, has adopted a method of note-taking that might with advantage be used by private practitioners. Each medical man carries with him a small book having forty or fifty detachable leaves, printed like a portion of a record card. He makes his notes thereon at the time of each visit, and at the end of the week the notes are transferred to the permanent card, the original leaf being put inside the envelope to conform to the regulation that in the case of transferred notes the primary entry shall be available for reference. I enclose a copy of the leaf referred to, altered slightly for general use. For convenience it is well that the leaf should be as small as possible, and that each book should not contain too many. I have had mine made by a local printer, with a small flexible leather case to carry one.—I am, etc.,

Bradford-on-Avon, Jan. 22nd. CHAS. E. S. FLEMMING.

*** The following is a reproduction, reduced in size, of the leaf forwarded by Dr. Flemming:

Name..... *Address*.....

Date.	V	A	C	Clinical Notes.	Diagnosis.

Signature of Doctor.....

SIR,—In common with Dr. Mackenzie, I was very glad to read Dr. Bloxsome's letter in the SUPPLEMENT of January 15th.

With a panel of 900 I find the keeping of the records entails very little extra work. Undoubtedly during an epidemic the clerical work would assume greater proportions, but epidemics do not last for ever, although, judging by the letters of some of your correspondents, they would appear to be most prevalent just now.

The "professional secrecy" question is, I think, much over-rated. Are we not, as a profession, making ourselves ridiculous over this subject?—I am, etc.,

J. PAULLEY, M.B., B.S.Lond.

Pulham Market, Norfolk, Jan. 23rd.

SIR,—The medical record scheme is one that is admittedly not desired by the bulk of the panel practitioners or their insured patients. There is an ever-growing list of complaints both by doctors and patients, and at present the only people who seem to be taking up the cudgels on our and their behalf are the medical correspondents of the *Times* and *Daily Mail*. Surely we, as medical men, should not require to seek assistance through the lay papers, and consequently be dragged into the political arena, but at the same time we must remember that the best means of protesting for the patients themselves is through the lay press.

I suggest that if we are to get this fresh inquisition rescinded we must once and for all pull together and endeavour to get every Panel Committee in the country to put a spoke in the wheel against this Ministerial tyranny and abuse of confidence between patient and doctor.—I am, etc.,

Liskeard, Cornwall, Jan. 24th. BRIAN B. METCALFE.

*** The Annual Conference of Local Medical and Panel Committees held on October 21st, 1920, after discussion passed a resolution to the following effect: While accepting the obligation to keep records in some form, and agreeing that the prime purpose of the records should be clinical and not statistical or administrative, the Conference was not prepared to express any opinion as to the propriety of the present proposals until it had had some experience of their working. The Conference accordingly agreed that the new form of record must be tried before being either condemned or approved. (See report in SUPPLEMENT, October 30th, 1920, pp. 117–18.)

Medical Benefit.

SIR,—Enclosed is a copy of a letter I am sending to the Minister of Health. The subjects, to my mind, are so important that I think they deserve publication. I wonder if you will agree with me and give me the necessary space in your columns?—I am, etc.,

A. R. EATES, M.D.

To the Minister of Health.

SIR,—*Re* doctors' "lists," capitation fees, medical benefit, I beg to make a statement, and to ask if you will be so good as to order an inquiry to be made upon the cases I now bring to your notice. I much regret to trouble you about these matters, but failure to get satisfaction from the Insurance Committee makes an appeal to the Minister of Health the only alternative. The importance of the subjects dealt with—especially that of medical benefit—is, I think, ample justification for anyone to incur the inevitable consequences.

I am on the panel for the County of London, and am supposed to have a "list" of between 1,400 and 1,500 insured persons; record cards supplied, so far, are wofully incomplete in number. Amongst those who were, or are, on my list, I refer to:

1. Mr. A., who was taken off, "ceased insurance," as from June 30th, 1919. Since that date A. applied for, and was really in need of, medical aid, which I could not give him as an insured person. He refused to pay my fees, although I offered to give him the official receipts, maintaining that he was illegally being deprived of benefit. He has since been "reinstated." No explanation has reached me—nor him, I think—of the blunder (?) by which a man whose claim was incontestable should have been deprived of benefit for more than four months. Two quarters' capitation fees involved.

2. Miss B. removed, "ceased" June 30th, 1919; "reinstated" July 10th, 1919. Postcard and letter to Insurance Committee *re* date of reinstatement secured correction of date to July 1st, 1919. One quarter's capitation fee involved.

3. Mr. C. Removed, "ceased" September 30th, 1920, whilst under treatment. After his removal from my list I charged a fee, in accordance with regulations, giving an official receipt. Later he showed me a letter from his approved society stating that he was in full benefit, and since then he has been "reinstated." One quarter's capitation fee involved.

4. Miss D. Removed, "ceased" September 30th, 1920. Has come up since for treatment, maintains that she has been wrongly deprived of benefit, declines to pay fees, and has been referred by me to the Insurance Committee.

5. Miss E. "Title to benefit not established." Removed September 30th, 1920. Maintains she is in full benefit. Cannot pay fees. Referred to Insurance Committee.

6. Miss F. "Out of benefit" March, 1919. Removed. Has since been attended by me—not charged fees. Maintains she is in full benefit. Absence of her new record card from my index would, in ordinary circumstances, prove that she is not entitled

to benefit. Am I to charge her fees, and so risk depriving her of treatment of which she is really in need?

7. Mrs. G. Removed, "ceased", December 31st, 1919. Recently came up for treatment as an insured person. Referred to Insurance Committee. Has since been "reinstated," and four quarters' capitation fees have been credited to me. No explanation of this blunder (?). May I here point out, Sir, that had this insured person not come up for treatment when she did, or had my own bookkeeping been as faulty as that of the Government, I should have lost one year's capitation fee? The same observation applies to the other cases mentioned, but who knows to how many others who have not come up for treatment it is applicable?

The last case I would bring under your notice is of a different nature:

8. Mr. E. This man applied to be placed upon my list in March, 1920. He brought his own card and that of his wife. These were signed by me and sent, together with some half a dozen others, to the Insurance Committee on March 24th, 1920. Some two months later the man applied *to me* for his card—his wife's had reached her. Referred to the Insurance Committee, who, after several applications by the insured person, furnished him with his medical card, placing the man on my list as from July 30th, 1920, thereby depriving me of two quarters' capitation fees.

Many representations by me have failed to get this matter adjusted by the Insurance Committee. Now, Sir, upon what grounds do the Committee justify their action in this case? I sent up the card in March, and it is for the Committee to prove that it was received only in July. And I mean to say that I see no reason why I should suffer for the errors of the Committee.

In conclusion, Sir, I would say that if doctors are prosecuted for alleged frauds upon Insurance Committees and approved societies, I now confidently expect to hear that by your action in the cases I place before you the Public Prosecutor will get busy.—I am, Sir, your humble fellow-servant of the State,

London, W., Jan. 13th. A. R. EATES, M.B.

Central Insurance Defence Fund.

SIR,—As one who has applied for the return of the balance due to me, might I suggest to my fellow conspirators who are doing the same that the amounts they receive should be handed over to the Royal Medical Benevolent Fund to augment the *endowment?* If half the men ask for a refunding of their money and put it to such a use the endowment of this fine institution would benefit to the extent of about £6,000, and the donors would not feel that their pockets were any the lighter.—I am, etc.,

Bridport, Jan. 20th. C. EDWARDS, M.D.

"AN OLD KINGSLEYITE" writes: The Secretary has sent a letter to the subscribers to the above fund, saying that it is to be wound up. In brief the chief points are as follows: About £30,000 subscribed; expended, £18,000, for compensation, etc.; balance £12,000. The subscribers are entitled to receive the balance, which may be 12s. 6d. in the £. The Insurance Acts Committee with the Council of the British Medical Association, after careful consideration decided that the balance be transferred to a new trust called the National Insurance Defence Trust. The objects are set forth and are worthy of support. Already I have consulted some of the subscribers, and it is suggested that one-half should be devoted to the Defence Trust and the other divided equally between the Royal Medical Benevolent Fund and Epsom College. Both have special claims on the medical profession; both are in need of special financial help. The British Medical Association for many years, through the active assistance of our late general manager, Mr. Elliston, raised large sums. Some of the subscribers have died; others have removed, and their addresses are lost. Few, if any, would wish to have their subscriptions returned if they knew that these very worthy charities would receive their share.

DIARY OF SOCIETIES AND LECTURES.

LONDON DERMATOLOGICAL SOCIETY, 49, Leicester Square, W.C.—Thurs., 6 p.m., Chesterfield Lecture by Dr. W. Griffith: Parasitic Diseases of the Skin.

MIDDLESEX HOSPITAL MEDICAL SCHOOL.—Emeritus Lectures: Surgeon Rear Admiral Bassett-Smith, Tues., 3 p.m., Mediterranean Fever; Thurs., 3 p.m., Malaria.

ROYAL SOCIETY OF MEDICINE.—Occasional Lecture, Thurs., 5.30 p.m., Prof. F. Hobday: Diseases of Animals Contagious to Man. *Section of Surgery: Subsection of Orthopaedics:* Tues., 5 p.m., Cases; 6 p.m., Dr. G. Murray Levick: Reactions and Electrical Treatment of Intrinsic Muscles of Foot. *Section of Pathology:* Pathological Laboratory, University College Hospital Medical School, Tues., 8.30 p.m., Dr. Penfield: Golgi Apparatus in Nerve Cells; Mr. Barrington: Fungus Parasite in Kidney of Rabbit; Dr. Walshe: Encephalitis Lethargica; Dr. Lewis: Demonstrations; Mr. T. W. P. Lawrence: Specimen; Prof. Boycott: Hypertrophy of Haemoglobin. *Section of Surgery:* Wed., 5 p.m., Cases; 5.30 p.m., Mr. G. L. Edington: Meckel's Diverticulum as a Cause of Intestinal Obstruction. *Section of Obstetrics and Gynaecology:* Thurs., 8 p.m., Mr. F. C. Pybus: Tuberculous Peri-tubal Cyst; Dr. T. W. Eden and Mr. F. L. Provis: *X*-ray Treatment of Fibroids and Chronic Metritis. *Section of Laryngology:* Fri., 4 p.m., Epidiascope Demonstrations and Cases. *Section of Anaesthetics:* Fri., 8.30 p.m., Dr. Rowbotham and Dr. I. Magill: Anaesthesia in Plastic Surgery.

POST-GRADUATE COURSES AND LECTURES.

GLASGOW POST-GRADUATE MEDICAL ASSOCIATION, Victoria Infirmary.—Wed., 4.15 p.m., Mr. Parry: Surgical Cases.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.1.—Thurs., 4 p.m., Dr. W. J. Pearson: The Premature Child.

LONDON LOCK HOSPITALS.—Clinical instruction daily. *Lectures:* (Male Hospital, Dean Street) Mon., 5 p.m., Mr. Gibbs: Complications of Posterior Urethritis; Tues., 2.30 p.m., Mr. McDonagh: Nervous Syphilis; 5 p.m., Mr. Juler: Venereal Diseases of the Eye; Wed., 4.30 p.m., Mr. Joly: Acute Gonorrhoea in the Male; Fri., 4 p.m., Mr. Abraham: Gonorrhoeal Rheumatism.

MANCHESTER BABIES' HOSPITAL.—Sat., 3.30 p.m., Dr. Chisholm: Treatment of the Premature Child.

MANCHESTER ROYAL INFIRMARY.—Tues., 4.30 p.m., Mr. C. Roberts: Hernia.

MANCHESTER: ST. MARY'S HOSPITALS (Whitworth Street West Branch).—Fri., 4.30 p.m., Dr. Fothergill: Physical Signs in Abdomino-pelvic Surgery.

NATIONAL HOSPITAL FOR DISEASES OF THE HEART, Westmoreland Street, W.1.—Mon., 5.30 p.m., Dr. Goodall: Cardio-analysis.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C.1.—Daily (except Wed. and Sat.), 2 p.m., Out-patient clinics. Lectures—3.30 p.m., Mon., Dr. Greenfield: Cerebro-spinal Fluid; Tues., Dr. Collier: Headache; Thurs., Dr. Buzzard: Neuritic Affections. Demonstration of cases, Fri., 3.30 p.m.

NORTH-EAST LONDON POST-GRADUATE COLLEGE, Prince of Wales's General Hospital, Tottenham, N.—Daily, 2 p.m., In- and Out-patient Clinics, Operations, etc. Lecture-demonstrations.—Mon., 4.30 p.m., Mr. Tanner: Surgical Cases; Tues., 3 p.m., Mr. Hayton: Vincent's Angina; Wed., 4.30 p.m., Dr. Alexander: Thyroid Insufficiency; Thurs., 3 p.m., Mr. Carson: Surgical Cases; Fri., 3 p.m., Mr. Gillespie: Cases of Surgical Interest.

SALFORD ROYAL HOSPITAL.—Thurs., 4.30 p.m., Mr. Jefferson: Gall Stones.

WEST LONDON POST-GRADUATE COLLEGE, Hammersmith, W.—Daily, 10 a.m., Ward Visits: 2 p.m., In- and Out-patient Clinics and Operations. Lectures—5 p.m., Mon., Dr. Saunders: Digestive Disturbances of Adults; Tues., Dr. Burnford: Morbid Anatomy of Digestive Tract; Wed., Mr. Armour: Abdominal Tumours; Thurs., Dr. Strangeways: Rheumatoid Arthritis; Fri., Mr. Baldwin: Appendicitis.

British Medical Association.

OFFICES AND LIBRARY, 429, STRAND, LONDON, W.C.2.

Reference and Lending Library.

THE READING ROOM, in which books of reference, periodicals, and standard works can be consulted, is open to members from 10 a.m. to 6.30 p.m., Saturdays 10 to 2.

LENDING LIBRARY: Members are entitled to borrow books, including current medical works; they will be forwarded, if desired, on application to the Librarian, accompanied by 1s. for each volume for postage and packing.

Departments.

SUBSCRIPTIONS AND ADVERTISEMENTS (Financial Secretary and Business Manager. Telegrams: Articulate, Westrand, London).
MEDICAL SECRETARY (Telegrams: Medisecra, Westrand, London).
EDITOR, *British Medical Journal* (Telegrams: Aitiology, Westrand, London).
Telephone number for all Departments: Gerrard 2630 (*3 lines*).

SCOTTISH MEDICAL SECRETARY: 6, Rutland Square, Edinburgh. (Telegrams: Associate, Edinburgh. Tel.: 4361 Central.)
IRISH MEDICAL SECRETARY: 16, South Frederick Street, Dublin. (Telegrams: Bacillus, Dublin. Tel.: 4737 Dublin.)

Diary of the Association.

JANUARY.

28 Fri. London: Central Ethical Committee, 2 p.m.

FEBRUARY.

1 Tues. London: Grants Subcommittee, 9.30 a.m.
London: Propaganda Subcommittee, 10 a.m.
London: Organization Committee, 11 a.m.
2 Wed. London: Finance Committee, 2.30 p.m.
East Hertfordshire Division, Hertford County Hospital, 2.30 p.m. Lecture, 3 p.m.
4 Fri. London: Medico-Sociological Committee, 2.30 p.m.
London: Naval and Military Committee, 2.30 p.m.
16 Wed. London: **Council**, 10 a.m.

APPOINTMENTS.

DAVIDSON, Maurice, M.A., M.D.Oxon., M.R.C.P.Lond., Assistant Physician, Brompton Hospital for Consumption and Diseases of the Chest.

STRETTON, John Weston, F.R.C.S.Eng., B.Ch.Cantab., Honorary Surgeon, Kidderminster Infirmary and Children's Hospital.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 9s., *which sum should be forwarded with the notice not later than the first post on Tuesday morning.*

BIRTHS.

QUINLAN.—On January 20th, at Stanley House, South Reddish, Stockport, the wife of W. T. Quinlan, M.R.C.S., L.R.C.P., of a son.

WATSON.—On January 18th, at 38, High Street, Sheerness, the wife of F. H. Watson, M.B., B.Ch.Cantab., a son.

IN MEMORIAM.

DYER.—In ever loving, proud, and grateful memory of Francis N. V. Dyer, M.A., M.B., B.Ch.Cambridge, M.R.C.S., L.R.C.P.Lond., Captain R.A.F., late Surgeon R.N., who died of scarlet fever at the London Fever Hospital on January 24th, 1920, where he was Assistant Medical Officer, aged 26, the very dear and only child of Mr. and Mrs. Dyer, East Parade, Harrogate.

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